

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 1
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Granite State Solutions			FEC IDENTIFICATION NUMBER ▼ C C00580381		
Check if <input checked="" type="checkbox"/> 24-hour report <input type="checkbox"/> 48-hour report ▶ <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee FP1 Strategies, LLC			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y 09 / 27 / 2016		
Mailing Address PO Box 16504			Amount 15895.00		
City Alexandria		State VA	Zip Code 22302		Transaction ID : SE.4177
Purpose of Expenditure Additional Media Production		Category/Type 004		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2016	
Name of Federal Candidate MARGARET WOOD HASSAN			Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> Oppose <input type="checkbox"/> President <input checked="" type="checkbox"/> Senate State: NH		
Calendar Year-To-Date Per Election for Office Sought 5274527.24			Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee			Date of Public Distribution/Dissemination M M M / D D D / Y Y Y Y Y Y		
Mailing Address			Amount 		
City		State	Zip Code		Date of Disbursement or Obligation M M M / D D D / Y Y Y Y Y Y
Purpose of Expenditure		Category/Type		M M M / D D D / Y Y Y Y Y Y	
Name of Federal Candidate			Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> Oppose <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____		
Calendar Year-To-Date Per Election for Office Sought 			Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶ 15895.00					
(b) SUBTOTAL of Unitemized Independent Expenditures ▶ 					
(c) TOTAL Independent Expenditures..... ▶ 15895.00					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <u>Paul Kilgore</u>			Date M M M / D D D / Y Y Y Y Y Y 09 / 28 / 2016		

[Electronically Filed]